

## REGISTRATION FORM

Please copy as needed

Course Title(s)\_\_\_\_\_

Starting Date(s)\_\_\_\_\_

\_\_\_\_\_ Payment made directly to ILSR by credit card.

Check Enclosed \$\_\_\_\_\_

Signed Copy of DPO Enclosed \$\_\_\_\_\_

Payment **MUST** be enclosed with this registration. A seat in the class will not be reserved for you if payment is not enclosed.

Make check or DPO payable to **ILSR** and mail to:

**Office of Training and Development**, RI Department of Administration,  
One Capitol Hill, Providence, RI 02908-5867

Print name\_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Agency\_\_\_\_\_

Address\_\_\_\_\_

Day phone\_\_\_\_\_ Emergency phone\_\_\_\_\_

Email \_\_\_\_\_

In the event you must cancel registration, refund will be given **ONLY IF** cancellation is received **NO LATER THAN SEVEN (7) WORK DAYS PRIOR TO THE COURSE START DATE.**

Please mail **or** fax – do not do both.

If accommodations are needed, please call 2 weeks before the course start date.

Call OTD at 222-2178 or fax 222-6378 [relay 711 \(for hearing impaired\)](tel:222-2178)  
email [mday@gw.doa.state.ri.us](mailto:mday@gw.doa.state.ri.us)